



SASKATCHEWAN ATHLETICS
 Saskatoon Field House
 2020 College Drive
 Saskatoon, SK S7N 2W4
 e-mail: athletics@sasktel.net
 web page: <http://www.saskathletics.ca>

The _____ Club applies for affiliate membership with Saskatchewan Athletics

Check the appropriate box

A Club - \$4,000 _____ Full payment _____ Partial payment _____ Club President
 We agree to pay the annual fee in 3 equal instalments due January 1, April 1 & June 1.
 We understand failure to meet these deadlines may result in suspension of services until payment is received.

B Club - \$2,000 _____ Full payment _____ Partial payment _____ Club President
 We agree to pay the annual fee in 3 equal instalments due January 1, April 1 & June 1.
 We understand failure to meet these deadlines may result in suspension of services until payment is received.

C Club - \$100 _____ Full payment **D Club - \$50** _____ Full payment _____ Club President

AGM Voting Privileges require valid paid membership (excluding Recreational Runner category)

Club Contacts – Please Print Clearly - Club Contact Fees are \$2.00 per contact
A Club – 3 Contacts; B Club – 2 Contacts; C Club – 1 Contact; D Club – 1 Contact
Please complete this form in full (INCLUDING D.O.B.) Incomplete forms will be returned

Name _____ D.O.B. ____ (D) ____ (M) ____ (YY)
 Address _____ City _____ Postal Code _____
 Phone (h) _____ Phone (w) _____ Cell _____ Fax _____
 E-mail address _____

Name _____ D.O.B. ____ (D) ____ (M) ____ (YY)
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 Phone (h) _____ Phone (w) _____ Cell _____ Fax _____
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Name _____ D.O.B. ____ (D) ____ (M) ____ (YY)
 Address _____ City _____ Postal Code _____
 Phone (h) _____ Phone (w) _____ Cell _____ Fax _____
 E-mail address _____

Upon acceptance as an affiliate member the applicant agrees to abide by the rules and procedures of Athletics Canada and Saskatchewan Athletics as approved through their respective Rules – Laws and Regulations. Club renewals are subject to Board ratification. New clubs or clubs affiliating at different levels from previous years require Board approval

OFFICE USE ONLY

CQ CA VISA MC Cardholder name _____

Card number/expiry date _____

Cardholder signature _____